



U.S. CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, D.C. 20207-0001

OFFICE OF COMPLIANCE
Recall and Compliance Division
E-mail: compliance@cpsc.gov

FEB 12 1998

Michael T. Bogumil
Compliance Officer
Tel. 202-696-8400 Ext. 1368
Fax 202-696-8072

Ms. Diane Davidson
3214 Catesby Lane
St. Charles, MO 63301

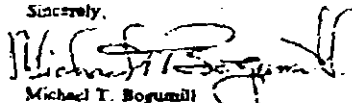
Dear Ms. Davidson:

Thank you for your letter of December 27, 1997 which was forwarded to me for reply. The incident you describe in your letter involving a cigarette lighter is a serious matter and the type of incident that the Consumer Product Safety Commission (CPSC) works to prevent.

You should be receiving information about the importer of the lighter from our Freedom of Information Office shortly. In the meantime, I am asking our central regional office staff to contact you directly to obtain more information about the incident you experienced with the exploding cigarette lighter. We would like to know everything we can about the lighter model you were using when the incident occurred so that we can conduct an appropriate follow up on this matter to prevent similar occurrences from happening to others.

We appreciate your assistance in this matter, and if I can be of any help to you regarding issues involving the Safety Standard for Cigarette Lighters or other consumer products under the jurisdiction of the CPSC, feel free to contact me directly by mail, phone or e-mail.

Sincerely,


Michael T. Bogumil
Compliance Officer

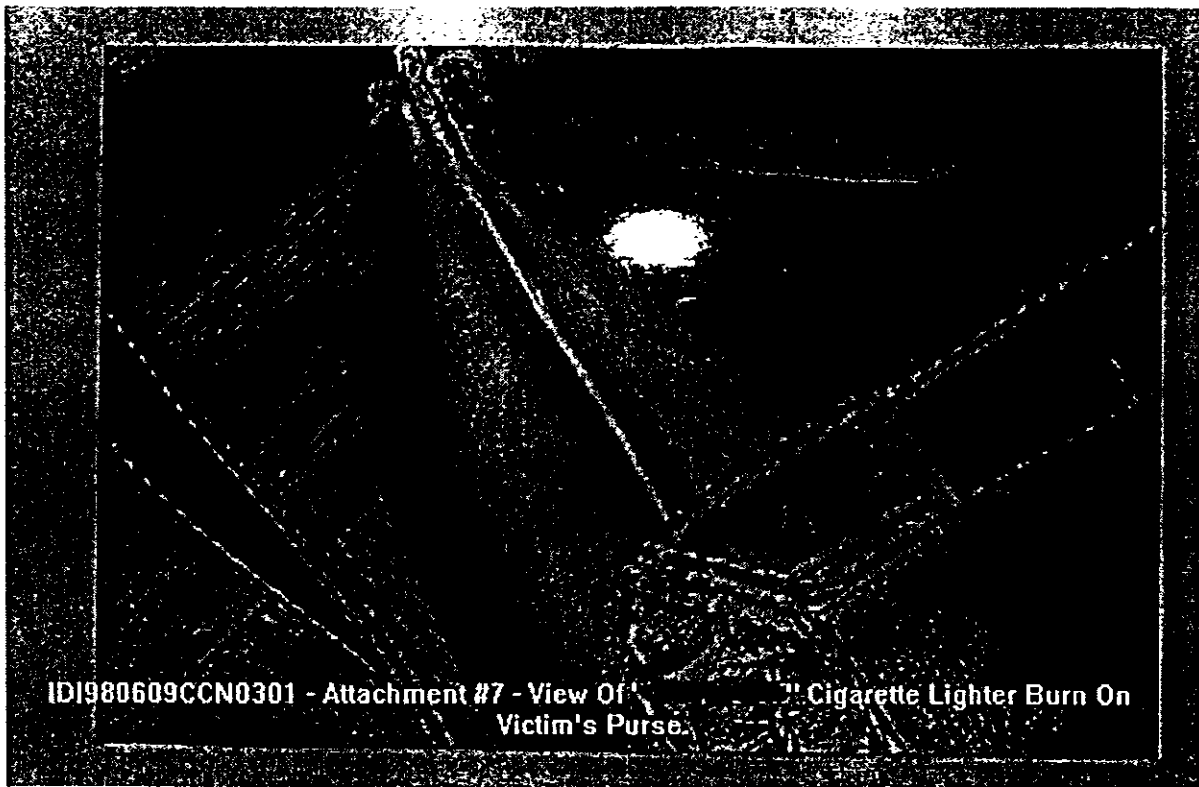
TOTAL P. 82



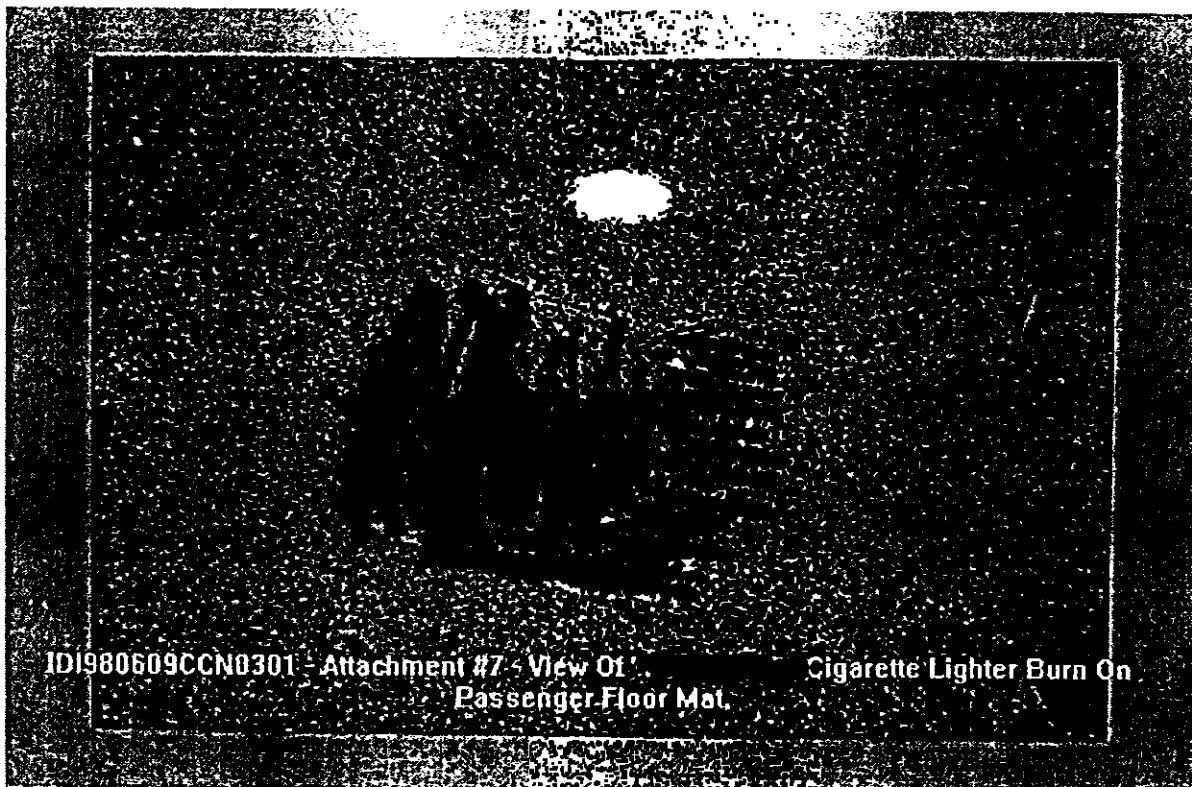
10980609000000 Attachment 7: Right side view of child-resistant cap



15198061906N0301 - Attachment 17 - Left side view of the cigarette pack.



IDI980609CCN0301 - Attachment #7 - View Of Cigarette Lighter Burn On
Victim's Purse.



ID1980609CCN0301 - Attachment #7 - View Of
Passenger Floor Mat.

Cigarette Lighter Burn On

Estelle, Gerri B.

TC 47

From: Chen, Xinxian
Sent: Tuesday, May 09, 2000 3:05 PM
To: Cohn, Murray; Estelle, Gerri; Ingle, Robin; Scott, Roxanna
Subject: Internet Form Complaint Doc #10050096

5/9/00 1:30:10 PM

Name = [REDACTED]
Address = 14 [REDACTED]
City = Paducah
State = Ky
Zip = 42003
Email = [REDACTED]
Telephone = [REDACTED]
Name of Victim =
Victim's Address =
Victim's City =
Victim's State =
Victim's Zip =
Victim's Telephone =

Incident Description: I have a gas lighter that exploded in my pocket. I was indoors with an ambient temp of about 72F. I have contacted the store that it was purchased from.

They are trying to alert their management to this incident but have no idea who manufactures it.

On the lighter are two words [REDACTED]. There is a barcode number [REDACTED].

Victim's age at time of incident = 54
Victim's sex = Male
Date of incident = 5-9-00
Product involved = Gas lighter
Product brand name/manufacture = Unk
Product involved still available = Yes
Product model and serial number =
Date product purchased = About 5-1-00

33

MAY 10 2000

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I have retained this product. If you are able to determine the origin of this product. it is important that they understand ① this was in a very good environment when it exploded ② Had it blown out under different circumstances it could have caused injury or a fatality
Model number [REDACTED]
Made in China

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

[REDACTED]
Signature

5-22-00
Date

☐

I request that you do not release my name.

☒

You may release my name to the manufacturer but I request that you not release it to the general public.

☐

You may release my name to the manufacturer and to the public.

I-33
I0050096

TC 47

Pledger, Elizabeth A.

From: Chen, Xinxian
Sent: Monday, June 26, 2000 8:49 AM
To: Cohn, Murray; Hazard; Incident Reports; Ingle, Robin; Scott, Roxanna
Subject: Internet Form Complaint (Doc #I0060251)

6/24/00 8:45:12 AM

ISSUE 40

Name = Warren Hanson
Address = 684 Glynn Court
City = Detroit
State = MI
Zip = 48202-1451
Email = warhan@prodigy.net
Telephone = 313-867-1737
Name of Victim = Not Injured
Victim's Address = Not Applicable
Victim's City =
Victim's State =
Victim's Zip =
Victim's Telephone =

JUN 26 2000

Incident Description: On the evening of 16 June 2000, a plastic cigarette lighter exploded after I had been, absentmindedly, holding it in my hand for an estimated 20 minutes. I was not injured.

This lighter was made in China, the name ~~XXXXXXXXXX~~ was stamped in the metal portion near the top and the following numbers were printed beneath the bar code: 55998 00032 6.

It was a complimentary lighter given to me when, earlier that same afternoon, I purchased a carton of cigarettes from SMOKERS CHOICE located at 10005 Joseph Campau, Hamtramck, MI 48212 (Telephone: 313.875.6008).

Thank you for your attention to this matter.

Victim's age at time of incident =
Victim's sex =
Date of incident = 16 Jun 00
Product involved = A cigarette lighter
Product brand name/manufacturers ~~XXXXXXXXXX~~
Product involved still available = Yes
Product model and serial number =
Date product purchased =

TC 47

Author: Murray S. Cohn at CPSC-HQ1

Date: 4/6/99 1:37 PM

Normal

TO: Cathleen A. Irish at CPSC-HQ2, Incident Reports, George W. Rutherford at CPSC-HQ2

Subject: Internet Form Complaint - Doc # I9940026

----- Message Contents

4/6/99 12:31:09 PM

Name = R. Michael McDonald, Ed.D.

Address = Virginia Commonwealth University

City = Richmond

State = VA

Zip = 23284-4000

Email = rmmcdona@vcu.edu

Telephone = 804-828-7116

Name of Victim =

Victim's Address =

Victim's City =

Victim's State =

Victim's Zip =

Victim's Telephone =

ISSUE - 28

APR 7 1999

Incident Description: Question: Are there recorded cases of butane lighters (like the Ozark Trail) that have ignited or exploded inside a clothes dryer?

I have had a number of students question this after finding a loose lighters, left in clothing by a smoker within their families, tumbling inside a hot dryer.

Is this a real or potential hazard?

Prof. Michael McDonald

School of Business

Virginia Commonwealth University

Richmond, VA 23284-4000

Ph: 804-828-7116

Fax: 804-828-8884

Email: rmmcdona@vcu.edu

Copy sent
to ISIC for
response

Victim's age at time of incident=

Victim's sex =

Date of incident =

Product involved =

Product brand name/manufacturer =

Product involved still available =

Product model and serial number =

Date product purchased =

Q

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Q. Michael McDonald 5/10/99
Signature Date

☐

I request that you do not release my name.

☐

You may release my name to the manufacturer but I request that you not release it to the general public.

☒

You may release my name to the manufacturer and to the public.

I 944 00 26
I' 28

tc 47

Estelle, Gerri B.

From: Chen, Xinxian
Sent: Monday, July 17, 2000 9:14 AM
To: Cohn, Murray; Hazard; Incident Reports; Ingle, Robin; Scott, Roxanna
Subject: Internet Form Complaint - Doc #I0070158

7/14/00 7:05:50 PM

Name = bob purola
Address = 6009 runkle ave
City = ashtabula
State = oh
Zip = 44004
Email = purola@alltel.net
Telephone = 4409920312
Name of Victim = same
Victim's Address = same
Victim's City =
Victim's State =
Victim's Zip =
Victim's Telephone =

Incident Description: Sitting at my desk at work. When the [REDACTED] (product name) lighter exploded in my shirt pocket, and sending a cloud of smoke from my pocket. Shattering the lighter into 3 pieces. no injuries recieved. But it could have exploded into a ball of fire.

Victim's age at time of incident = 47
Victim's sex = Male
Date of incident = 07/14/00
Product involved = [REDACTED] disposable lighter
Product brand name/manufacture [REDACTED] made in china
Product involved still available = Yes
Product model and serial number = 755998000326
Date product purchased = 07/08/00

ISSUE 43

JUL 17 2000

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

Sirs. Would you please help me
find the ~~manufacturer~~
manufater of this product. So
I could write them a letter

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Bob Ruolo C 803 00
Signature Date

☐

I request that you do not release my name.

☐

You may release my name to the manufacturer but I request that you not release it to the general public.

☒

You may release my name to the manufacturer and to the public.

I 43

I 0070158

CONSUMER PRODUCT INCIDENT REPORT

Region:CENTRAL

1. NAME OF RESPONDENT Lydia Knight	2. PHONE NO. (HOME) (WORK) 281-589-8754 713-981-6155
3. STREET ADDRESS 3233 Windchase Blvd #1120	4. CITY STATE ZIP CODE Houston TX 77082
4a. E-MAIL ADDRESS: lgknight@houstonrr.com	

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Consumer's lighter was laying on a wooden entertainment center in her living room (it had not been used for 20 minutes), when it suddenly burst into
-cont-

6. DATE OF INCIDENTS 1/21/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 0 Y/F AND DESCRIBE INJURY: none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME unknown RELATIONSHIP none JAN 28 2000
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9. DESCRIPTION OF PRODUCT standard plastic 3" x 3/4" x 1/2" disposable butane cigarette lighter	10. BRAND NAME [REDACTED] ISSUE 18
--	--

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE [REDACTED] unknown unknown, CT 00000 [REDACTED] unknown	12. MODEL, SERIAL NUMBERS unknown 13. DEALER'S NAME, ADDRESS & PHONE Stop-n-Go Dairyashford Street & Richmond Avenue Houston, TX 77082 unknown
--	--

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damage: cigarette lighter burned up	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 11/1999 AGE 2 mos. 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: none
--	---

17. HAVE YOU CONTACTED THE MANUFACTURER? YES x NO IF NOT, DO YOU PLAN TO CONTACT THEM?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
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FOR ADMINISTRATION USE

20. DATE RECEIVED 01/27/2000	21. RECEIVED BY (NAME & OFFICE) dcj/HL	22. DOCUMENT NO. H0010333A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE DCJ 01/27/2000	

CONSUMER PRODUCT INCIDENT REPORT

H0010333A

Narrative Continued

flames. Consumer heard a loud pop and saw 10" high flames. After 4 minutes the flames died down enough for consumer to use wet paper towels to put the remaining fire out. Smoke detector had been previously unplugged.

After fire was totally extinguished, consumer noticed that the wooden entertainment center where the lighter had been lying had 2 pear shaped burns that were 3" and 5" long and 1/8" deep.

1/26/00 Consumer spoke with manufacturer's rep (name unknown). Rep informed consumer that they would send her an incident report form that she should complete and return to them along with any remains of the lighter and pictures of the damaged entertainment center.

CPSC Source: TEL

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

My First NAME is Livia Not Lydia

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Livia D. Knight 2-7-2000
Signature Date

+--+
| | I request that you do not release my name.
+--+

+--+ You may release my name to the manufacturer but
| | I request that you not release it to the general
+--+ public.

+--+
| ☒ | You may release my name to the manufacturer and to
+--+ the public.

I-18

CONSUMER PRODUCT INCIDENT REPORT

Region: WESTERN

1. NAME OF RESPONDENT [REDACTED]	2. PHONE NO. (HOME) (WORK) [REDACTED] same
3. STREET ADDRESS [REDACTED]	4. CITY STATE ZIP CODE Anchorage AK 99508
4a. E-MAIL ADDRESS: none	

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES

While consumer was attempting to ignite the disposable lighter, it blew up into a ball of flames. Consumer dropped the disposable lighter and
-cont-

6. DATE OF INCIDENTS 4/24/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 34 Y/M burned hair on hand	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
9. DESCRIPTION OF PRODUCT disposable lighter		10. BRAND NAME [REDACTED]

11. MER/DISTRIBUTOR NAME, ADDR. & PHONE [REDACTED] unknown unknown unknown unknown APR 26 2000	12. MODEL, SERIAL NUMBERS M# none	13. DEALER'S NAME, ADDRESS & PHONE Red Apple Grocery Store 131 S. Bragaw St. Anchorage, AK 99508 907-279-2367
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: Lighter caught fire.	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 4/24/2000 AGE 1 hour	
16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Do not throw in the fire or puncture. Keep out of the reach of children."		

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? no	18. IS THE PRODUCT STILL AVAILABLE? YES NO x IF NOT, ITS DISPOSITION returned to dealer	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
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FOR ADMINISTRATION USE

20. DATE RECEIVED 04/24/2000	21. RECEIVED BY (NAME & OFFICE) mlj/HL	22. DOCUMENT NO. H0040308A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE MLJ 04/25/2000	

CONSUMER PRODUCT INCIDENT REPORT

H0040308A

Narrative Continued

extinguished it by placing a shirt & newspaper on top of it. The disposable lighter singed the hair on the back of the consumer's right hand and scorched the top his carpet (5" area is size). Rx. at home.

Consumer returned the disposable lighter to the dealer for a full refund.

Consumer feels that the disposable lighter is a fire hazard.

Maid in Taiwan was the only information on the disposable lighter.

CPSC Source: FDA

CONSUMER PRODUCT INCIDENT REPORT

Region:CENTRAL

1. NAME OF RESPONDENT [REDACTED]		2. PHONE NO. (HOME) (WORK) [REDACTED] none	
3. STREET ADDRESS [REDACTED]		4. CITY STATE ZIP CODE Cleveland OH 44120	
4a. E-MAIL ADDRESS: none			
5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES Consumer attempted to flick the lighter, but nothing happened, so he sat the lighter down of the couch. A few seconds later, the lighter exploded (no -cont-			
6. DATE OF INCIDENTS 5/17/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 34 Y/M see narrative	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self	
9. DESCRIPTION OF PRODUCT hard plastic disposable butane cigarette lighter		10. BRAND NAME [REDACTED]	
11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE [REDACTED] unknown unknown unknown [REDACTED] New York, NY 10001		12. MODEL, SERIAL NUMBERS M# none 13. DEALER'S NAME, ADDRESS & PHONE Dollar Mart 11381 Buckeye Rd. Cleveland, OH 216-421-8324	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative		15. PRODUCT PURCHASED NEW x USED DATE PURCHASED unknown AGE unknown	
16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Do not expose near heat or fire."			
17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? yes		18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO			
FOR ADMINISTRATION USE			
20. DATE RECEIVED 05/18/2000	21. RECEIVED BY (NAME & OFFICE) mlj/HL		22. DOCUMENT NO. H0050255A
23. FOLLOW-UP ACTION			24. PRODUCT CODE(S) 1604
25. DISTRIBUTION		26. ENDORSER'S NAME & TITLE LDM 05/19/2000	

CONSUMER PRODUCT INCIDENT REPORT

H0050255A

Narrative Continued

smoke or flames). A part of the lighter's hard plastic casing scratched consumer's arm (less than 1" diameter), some of the lighter fluid also splashed into consumer's left eye. 911 was called and consumer was rushed to St. Luke's Charity Hospital-ER, 11311 Shaker Blvd., Cleveland OH, TEL: 216-368-7000. Dr. Leslie D. Klabbatz flushed out consumer's eye, told him how to keep it clean and instructed him to see an optometrist. Consumer was given a follow-up appointment 2-3 weeks later.

Distributor phone #: 216-239-4100

CPSC Source: BBB

H0050255A

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.


Signature

5-25-00
Date

+--+
| |
+--+

I request that you do not release my name.

☒ +--+
| |
+--+

You may release my name to the manufacturer but I request that you not release it to the general public.

+--+
| |
+--+

You may release my name to the manufacturer and to the public.

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT RoseMarie Fogel	2. PHONE NO. (HOME) (WORK) 610-356-4742 none
3. STREET ADDRESS 208 Remington Road	4. CITY STATE ZIP CODE Brullmall PA 19008
4a. E-MAIL ADDRESS: none	

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Consumer was lighting cigarette in the car when the lighter blew up in her hand. Consumer dropped the lighter on the floor and the 6" flames spread
-cont-

6. DATE OF INCIDENTS 1/9/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 0 Y/F AND DESCRIBE INJURY: scrapes and bruises	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME same RELATIONSHIP self
9. DESCRIPTION OF PRODUCT disposal lighter		10. BRAND NAME [REDACTED]

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown JUNE 34 unknown MAY 17 2000	12. MODEL SERIAL NUMBERS Model [REDACTED] 13. DEALER'S NAME, ADDRESS & PHONE Dollar Store Lawrence Park Shopping Center Lawrence Park, PA 00000 unknown	14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE: 15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1/2000 AGE 1 yrs. 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: Warning- "Keep away from children."
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17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
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FOR ADMINISTRATION USE

20. DATE RECEIVED 05/16/2000	21. RECEIVED BY (NAME & OFFICE) dcj/HL	22. DOCUMENT NO. H0050186A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE DCJ 05/16/2000	

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT RoseMarie Fogel	2. PHONE NO. (HOME) (WORK) 610-356-4742 none
3. STREET ADDRESS 208 Remington Road	4. CITY STATE ZIP CODE Brullmall PA 19008 <i>Broomall</i>
4a. E-MAIL ADDRESS: none	

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Consumer was lighting cigarette in the car when the lighter blew up in her hand. Consumer dropped the lighter on the floor and the 6" flames spread
-cont-

6. DATE OF INCIDENTS 1/9/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/F scrapes and bruises <i>a lot more than that</i>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME same RELATIONSHIP self
9. DESCRIPTION OF PRODUCT disposal lighter		10. BRAND NAME XXXXXXXXXX

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown	12. MODEL SERIAL NUMBERS Model # XXXXXXXXXX
unknown	13. DEALER'S NAME, ADDRESS & PHONE Dollar Store Lawrence Park Shopping Center Lawrence Park, PA 00000 unknown <i>Broomall Pa.</i>

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE: <i>New lighter out of package. all you have to do is strike it. That's not child resistant.</i>	15. PRODUCT PURCHASED (NEW) x USED DATE PURCHASED 1/2000 AGE 1 yrs.?? <i>wrong</i>	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: Warning- "Keep away from children" <i>Child resistant on front of pkg.</i>
--	--	--

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? <i>How??</i>	18. IS THE PRODUCT STILL AVAILABLE? (YES) x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? (YES) x NO
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FOR ADMINISTRATION USE

20. DATE RECEIVED 05/16/2000	21. RECEIVED BY (NAME & OFFICE) dcj/HL	22. DOCUMENT NO. H0050186A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE DCJ 05/16/2000	

Narrative Continued

across the floor and under her seat. Consumer opened the car door and climbed out of the passenger's side. The fire was extinguished by her husband. No serious injury occurred. Damage to the car was minimal.

all underlined not correct,
Cigarette lighter was completely empty after the incident. The lighters are four per pack and come in assorted transparent colors.

CPSC Source: WOM

I threw my legs over the seat & held on to the car door with my left hand waiting for the car to stop -- but my left foot hit the street & I was drug until I couldn't hold on anymore. My left hip hit the street so hard & then my left hand followed. I thought I was dead. Someone pushed a button. Everything stopped. There was no movement, no noise & I guess what? No Help. I'm hollering "Fire! fire!" & crawled onto the grass. My husband ran around to my side of the car & was throwing things & whatever out into the street. He put the flames out with his hands & bumped his head & knee on the car. I need an operation on my left thumb (tender) & go to therapy for my neck, back & hip. The next day my husband had a heart attack. I had to call 911. He never had a heart condition. He had 4 bypasses & goes to rehab 3x a week. End of a nightmare -- I hope but it's not. He hasn't worked since January & I don't think he will be able to work again. He only has \$1000.00 a month coming in. God only knows.

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

*Sorry, I wrote it on the other page.
Very upsetting to even
think about what
happened.*

I confirm that the information in the attached report
(including any changes, additions, or comments I have made) is
accurate to the best of my knowledge and belief.

Lois Marie Fogel *5/20/00*
Signature Date

~~+~~
~~+~~
~~+~~

I request that you do not release my name.

~~+~~
~~+~~
~~+~~

You may release my name to the manufacturer but
I request that you not release it to the general
public.

✓
✓
✓
+
+
+
Sorry

You may release my name to the manufacturer and to
the public.

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT RoseMarie Fogel	2. PHONE NO. (HOME) (WORK) 610-356-4742 none
3. STREET ADDRESS 208 Remington Road	4. CITY STATE ZIP CODE Brullmall PA 19008
4a. E-MAIL ADDRESS: none	

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Consumer was lighting cigarette in the car when the lighter blew up in her hand. Consumer dropped the lighter on the floor and the 6" flames spread
-cont-

6. DATE OF INCIDENTS 1/9/2000	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/F scrapes and bruises	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME same RELATIONSHIP self
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9. DESCRIPTION OF PRODUCT disposal lighter	10. BRAND NAME [REDACTED]
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown JUNE 34	12. MODEL SERIAL NUMBERS [REDACTED]
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13. DEALER'S NAME, ADDRESS & PHONE Dollar Store Lawrence Park Shopping Center Lawrence Park, PA 00000 unknown MAY 17 2000
--

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1/2000 AGE 1 yrs.
16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: Warning- "Keep away from children."	

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
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FOR ADMINISTRATION USE

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23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE DCJ 05/16/2000	

10/21 CONSUMER PRODUCT INCIDENT REPORT

Region: CENTRAL

1. NAME OF RESPONDENT Brenda Sadler	2. PHONE NO. (HOME) (WORK) 314-978-4515 none
3. STREET ADDRESS 708 Seib Dr.	4. CITY STATE ZIP CODE O'Fallon MO 63366

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Son (consumer) filled cigarette lighter with lighter fluid as instructed and wiped spilled fluid from lighter. 10-15 minutes later, son lit lighter and 6" high flames shot from the top of lighter and its lid. Son threw lighter into dishwasher to extinguish. Son received burns (degree unknown) that blistered to his right middle, index and little fingers; Rx at home.

-cont-

6. DATE OF INCIDENTS 5/27/97	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 20 Y/M burns (degree unknown) & blisters to right, middle, index & little fingers	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME Seth RELATIONSHIP son
9. DESCRIPTION OF PRODUCT silver metal reusable cigarette lighter		10. BRAND NAME XXXXXXXXXX

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown, made in China unknown unknown unknown respondent thinks) unknown unknown	12. MODEL, SERIAL NUMBERS unknown, oval-shaped
13. DEALER'S NAME, ADDRESS & PHONE Schottz Convenience Store Lorrene Dr. O'Fallon, MO 63366 unknown	

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 3/27/97 AGE 1 day
16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: Consumer recalls the following warnings: "Don't overfill & shake off any excess."	

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO x OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
---	---	---

FOR ADMINISTRATION USE		
20. DATE RECEIVED 06/04/97	21. RECEIVED BY (NAME & OFFICE) ldm/HL	22. DOCUMENT NO. H9760042A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604,0940
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE CCH 6/4/1997	

CONSUMER PRODUCT INCIDENT REPORT

H9760042A

Narrative Continued

Next day, respondent called and explained incident to rep., [REDACTED] (last name unknown) at [REDACTED] cigarette manufacturer, [REDACTED] because lighter was free with the purchase of 2 packs of [REDACTED] brand cigarettes. [REDACTED] said they didn't make lighter and referred respondent to their public information rep., [REDACTED]. Respondent called [REDACTED] explained incident, he apologized for incident, said he wasn't going to stop the sale of lighters and asked what he could do for respondent. Respondent said she would get back with him. Respondent wants lighters recalled to prevent burn injuries.

Distributor phone #: unknown

CPSC Source: BBB

CONSUMER PRODUCT INCIDENT REPORT - H9760042A
PRODUCT #2

9. DESCRIPTION OF PRODUCT 8 fluid ounce can of lighter fluid		10. BRAND NAME [REDACTED] Lighter Fuel
11. MER/DISTRIBUTOR NAME, ADDR. & PHONE [REDACTED] unknown Woodbridge, NJ 07095 unknown unknown		12. MODEL, SERIAL NUMBERS unknown
13. DEALER'S NAME, ADDRESS & PHONE Schnucks Grocery Store 102 E. Old Highway 40 O'Fallon, MO 63366 314-978-3566		
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:		15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 5/1/97 AGE 3 weeks
16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown		
17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO x OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

15. Product purchased 5-27-97

17. yes

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Seth L. Sadler 6-24-97
Signature Date

+--+
| |
+--+

I request that you do not release my name.

+--+
| |
+--+

You may release my name to the manufacturer but
I request that you not release it to the general
public.

+--+
|X|
+--+

You may release my name to the manufacturer and to
the public.

12/5/95

10/21

DEC 13 1995

EXD3

Sherry Von Bohren

(13)

CSC0017

(1604)

2304 Woodhill Ct #20

Crescent Springs, Ky 41017

95 DEC 11 P2:43

606-344-0775 / 513-242-3600

Innovative Promotions Inc.

FT Collins, Co. 80524

NOT ENCLOSED
(sent to INNOVATIVE PRODUCTS M)

To Whom It May Concern:

Enclosed please find a lighter ~~that was~~ that flew up and went threw the material in the roof of my car. - Luckily no one was injured. The temperature outside was in the 40's and I do not believe heat was a factor -

Two nights later another of your lighters started "hissing" like it was ready to explode also - this was in my living room. I was scared to throw it anywhere that someone could get hurt so I tossed it into a lake in back of my home. I have a third of your lighters still in the package & have no idea how to

safely dispose of it -

These lighters are extremely dangerous and should be taken off the market.

I also advise the manager of the store I bought them from of this danger, and all of my friends and family.

You must do something about these lighters before someone is seriously injured.

I am also forwarding a letter to the U.S. Consumer Products Safety Commission.

Sincerely,

Sherry LaBaker

P.S.

THE STORE IT WAS
PURCHASED FROM WAS -

I. G. A.

2440 HIGH ST.

CRESSENT SPGS, KY 41017

JAN 16 1996

Q M

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

The distributor called me
& said he has not purchased
for-sale any more of this
BRAND of lighter.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Shy Van Boh 1/26/96
Signature Date

☐

I request that you do not release my name.

☐

You may release my name to the manufacturer but I request that you not release it to the general public.

☒

You may release my name to the manufacturer and to the public.

I-11
C95C0017

JUN 20 1990

TC 21 CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT [REDACTED]	2. PHONE NO. (HOME) (WORK) [REDACTED] none
3. STREET ADDRESS [REDACTED]	4. CITY STATE ZIP CODE Copiague NY 11726

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES

Consumer found cigarette lighter engulfed in 4" flames and melting on bedroom dresser after hearing popping sound. 1/4"-2-1/2" pieces from the cigarette lighter were propelled approximately 3' away, burning a portion of a 13" television, and cotton towel underneath television. Consumer extinguished flames with her hands and wet kitchen towel. The cigarette

-cont-

6. DATE OF INCIDENTS 6-25-96	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/N none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
---------------------------------	--	--

9. DESCRIPTION OF PRODUCT

3" long hard plastic disposable cigarette lighter

10. BRAND NAME

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE

[REDACTED]
unknown
unknown
unknown
unknown
unknown

12. MODEL, SERIAL NUMBERS

[REDACTED]
13. DEALER'S NAME, ADDRESS & PHONE
unknown
unknown
unknown
unknown

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged - see narrative

15. PRODUCT PURCHASED NEW x USED
DATE PURCHASED 2-96 AGE 4 mos.

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Keep away from children, ignite lighter away from face & clothing, never puncture. . ."

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x
IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO x OTHER?

18. IS THE PRODUCT STILL AVAILABLE? YES x NO
IF NOT, ITS DISPOSITION

19. MAY WE USE YOUR NAME WITH THIS REPORT?
YES x NO

FOR ADMINISTRATION USE

20. DATE RECEIVED 06/25/96	21. RECEIVED BY (NAME & OFFICE) ryp/HL	22. DOCUMENT NO. H9660285A 27
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1604, 0604
25. DISTRIBUTION		26. ENDORSER'S NAME & TITLE CCH 6/27/1996

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT XXXXXXXXXX	2. PHONE NO. (HOME) (WORK) XXXXXXXXXX none
--	--

3. STREET ADDRESS XXXXXXXXXX	4. CITY STATE ZIP CODE Copiague NY 11726
--	---

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Consumer found cigarette lighter engulfed in 4" flames and melting on bedroom dresser after hearing popping sound. 1/4"-2-1/2" pieces from the cigarette lighter were propelled approximately 3' away, burning a portion of a 13" television, and cotton towel underneath television. Consumer extinguished flames with her hands and wet kitchen towel. The cigarette

-cont-

6. DATE OF INCIDENTS 6-25-96	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 <input checked="" type="radio"/> N 33 F none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP none none
---------------------------------	---	--

9. DESCRIPTION OF PRODUCT 3" long hard plastic disposable cigarette lighter	10. BRAND NAME XXXX
--	-----------------------------------

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE XXXX Corporation unknown unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS 1039R733/Green	13. DEALER'S NAME, ADDRESS & PHONE unknown Stationary Store unknown merrineck Shopping Cn. unknown Copiague, ny 11726 unknown
---	---	---

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x <input checked="" type="radio"/> NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged - see narrative	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 2-96 AGE 4 mos.
---	--

TV WAS NOT REPAIRED AS OF YET, WE DO WANT IT TO BE REPAIRED SOON

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Keep away from children, ignite lighter away from face & clothing, never puncture." <i>NO WARNING ON LIGHTER</i>

17. HAVE YOU CONTACTED THE MANUFACTURER? <input checked="" type="radio"/> YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO x OTHER?	18. IS THE PRODUCT STILL AVAILABLE? <input checked="" type="radio"/> YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? <input checked="" type="radio"/> YES x NO
---	---	--

*I wrote A Letter of Accident.
'Waiting For A Response Still'*

20. DATE RECEIVED 06/26/96	21. RECEIVED BY (NAME & OFFICE) ryp/HL	22. DOCUMENT NO. H9660285A
-------------------------------	---	-------------------------------

23. FOLLOW-UP ACTION	24. PRODUCT CODE(S) 1604
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25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE CCH 6/27/1996
------------------	--

CONSUMER PRODUCT INCIDENT REPORT

H9660285A

Narrative Continued

lighter was used to light a candle 2-1/2 hours prior to incident.

Distributor phone #: unknown

CPSC Source: L/GOVT

Am

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I CAN ONLY hope this will NOT
Happen to Others.

IF I were not home my house would
have been gone, the fire was scary and
I thank God that I was here at
the time to put out the fire.

I will NEVER Own Another Lighter as long
AS I live ~~_____~~ 7/8/96.

I confirm that the information in the attached report
(including any changes, additions, or comments I have made) is
accurate to the best of my knowledge and belief.

~~_____~~ 7/8/96
Signature Date

☐

I request that you do not release my name.

☒

You may release my name to the manufacturer but
I request that you not release it to the general
public.

☐

You may release my name to the manufacturer and to
the public.

H9660285
11009
6674

CONSUMER PRODUCT INCIDENT REPORT

H9660285A

Narrative Continued

lighter was used to light a candle 2-1/2 hours prior to incident.

Distributor phone #: unknown

CPSC Source: L/GOVT

1. TASK NUMBER 990604CCC2485		2. INVESTIGATOR'S ID 0585		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE 830	4. DATE OF ACCIDENT YR MO DAY 99/05/28	5. DATE INITIATED YR MO DAY 99/07/06		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT UPC A 29-year old female received a minor laceration to her right hand when the disposable butane cigarette lighter she was holding exploded. Pieces of the lighter hit her nose and front teeth. All injuries were minor.				
7. LOCATION (Home, School, etc.) Other pub. prop. 5		8. CITY Van Wert		9. STATE OH
10A. FIRST PRODUCT Cigarette lighter 1604		10B. TRADE/BRAND NAME XXXX		10C. MODEL NUMBER Unknown
10D. MANUFACTURER NAME AND ADDRESS Unknown				
11A. SECOND PRODUCT 0000		11B. TRADE/BRAND NAME		11C. MODEL NUMBER
11D. MANUFACTURER NAME AND ADDRESS				
12. AGE OF VICTIM 029	13. SEX Female 2	14. DISPOSITION Tr/Rel -1	15. INJURY DIAGNOSIS laceration - 59	
16. BODY PART (S) INVOLVED rt. hand -82	17. RESPONDENT Complainant 1	18. TYPE OF INVESTIGATION On-site 1	19. TIME SPENT (OPERATIONAL HOURS) 9 hrs. 5 travel	
20. ATTACHMENT(S) multi -9	21. CASE SOURCE Hot Line 07		22. SAMPLE COLLECTION NUMBER 99-830-2741	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) Yes				
24. REVIEW DATE 99/08/11	25. REVIEWED BY 8007		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC: FOCR(IDI & E/F - distributor); EXC(MB - HQ contact)				

SYNOPSIS:

A 29-year old female received a minor laceration to her right hand when the cigarette lighter she was holding exploded. Pieces of the lighter also hit her nose and front teeth.

PRE-INCIDENT:

The complainant purchased the cigarette lighter approximately 10 days before the incident. She had ignited the lighter approximately 50 times. She had not dropped the lighter or damaged it in any way. She was at work and went to her car in the parking lot to have a cigarette. She got the lighter out of her cigarette case, and was putting it up to light a cigarette.

INCIDENT:

Before she hit the striker, the cigarette lighter blew up, into four pieces, hitting her in the nose, teeth and right hand.

POST-INCIDENT:

She works at a hospital, so she went inside and the doctor she works for examined her injuries. He said that the laceration to her hand and other injuries were minor. The complainant applied ice to the injured areas.

The complainant went to the gas station where she purchased the lighter. She found out that their distributor was [REDACTED]. She contacted the distributor who told her that he did not know the address of the manufacturer, but that he purchased the lighter from [REDACTED] in [REDACTED]. The complainant telephoned [REDACTED] and left a message, but did not receive a return call. [REDACTED] contacted the gas station and recalled the lighters on their own. The gas station put a sign up in the front of the store to return the lighters if anyone had purchased them.

990604CCC2485

PRODUCT INFORMATION:

The product is a disposable, butane lighter, green in color. It is oversized. It is approximately 4-1/4" long, and approximately 3/4" wide. The lighter has a short wick that measures approximately 1-1/4". The only marking on the lighter is the word [REDACTED].

The remains of the lighter were obtained from the complainant for evaluation sample # 99-830-2741.

MANUFACTURER:

Unknown

PERSONS CONTACTED:

Complainant

ATTACHMENTS:

Assignment with incident report
Release of Name Form
Photographs

SAMPLE:

99-830-2741

JUN-15-1999 09:55

CPSC ATLANTA AO

P.82

BOB OKRESKI
FOUR/CH10

INCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: H9950269A

DATE OF INCIDENT: 5/28/99

CATID: SECT151999

FOLLOW-UP REQUESTED

HAZARD ANALYSIS () SECT 15 (X)

TYPE FOLLOW-UP

TELEPHONE () ON-SITE (X)

HEADQUARTERS CONTACT: Mike Bogumill Ext. 1368
Carlos Perez Ext. 1211

ASSIGNMENT MESSAGE: Conduct on-site and determine details of the incident. Obtain pieces of the lighter involved in the incident. Also go to retailer and obtain additional lighters for a sample.

Person(s) to Contact: SEE ATTACHED

Guidelines:

Task Number: 990604 CCC 2485

Date: 6/4/99

Assigned to: CH10

Requested by:

CPSC Form 324A (10/94)

31133

Call from dealer sample assign-7
 CONSUMER PRODUCT INCIDENT REPORT

Region: CENTRAL

1. NAME OF RESPONDENT Lavonna Boley		2. PHONE NO. (HOME) (WORK) 419-238-0410 419-238-3628	
3. STREET ADDRESS 118 S. Wall St., Apt. 3		4. CITY STATE ZIP CODE Van Wert OH 45891	
4a. E-MAIL ADDRESS: kdboley@bright.net			
5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES Consumer was trying to light a cigarette with the cigarette lighter when the lighter suddenly exploded in her right hand into 4 sharp pieces (altec -cont-			
6. DATE OF INCIDENTS 5/28/1999	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 29 Y/F AND DESCRIBE INJURY: see narrative	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self	
9. DESCRIPTION OF PRODUCT hard plastic disposable butane cigarette lighter		10. BRAND NAME XXXXX (consumer thinks)	
11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown		12. MODEL, SERIAL NUMBERS unknown	
13. DEALER'S NAME, ADDRESS & PHONE Short Stop 714 East Main St. Van Wert, OH 45891 419-238-1995			
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative		15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 5/18/1999 AGE 10 days	
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? no	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 05/28/1999	21. RECEIVED BY (NAME & OFFICE) nar/HL	22. DOCUMENT NO. H9950269A	
23. FOLLOW-UP ACTION 490604 CCL 2485		24. PRODUCT CODE(S) 1687	
25. DISTRIBUTION		26. ENDORSEER'S NAME & TITLE LDM 05/28/1999	

990604 CCL 2485

CONSUMER PRODUCT INCIDENT REPORT

H9950269A

Narrative Continued

unknown). [sic] 1 of the pieces hit consumer in her nose. another piece cracked her 2 of her front teeth and consumer received a laceration to her right hand from the sharp shattered pieces of the hard plastic lighter. Consumer was at work at the West County Hospital at the time of the incident and was treated by physician, Dr. Michael Motry. Dr. Motry, said consumer's laceration injuries were minor. Consumer applied ice to the injured areas for Rx. Date unknown, consumer plans to see a dentist about her cracked teeth.

CPSC Source: INTERNET

APPENDIX VI-C-2 RELEASE OF CONSUMER IDENTIFICATION

U. S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and distributors to inform them of the involvement of their product in an incident situation. We also give the information to others requesting information about specific products or hazards. Manufacturers may need the individual's name so that they can obtain additional information on the product or incident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

☒
YES

☐
NO

Barbara Boley
(Signature)

8-3-99
(Date)

990604CC02485 - Name

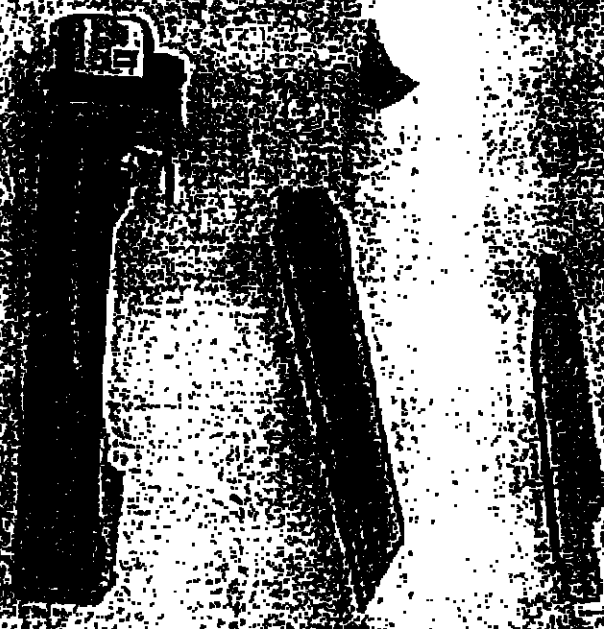
in 11



9906040002485 - Striker
on Cigarette Lighter



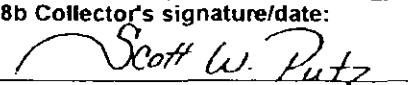
990604CCC2485 -
Cigarette Lighter That
Exploded into Four
Pieces



Exh. b + B

000301CCC 2337

EJP

U.S. Consumer Product Safety Commission SAMPLE COLLECTION REPORT			
1. Sample Flag	2. Date Collected 4/3/00	3. Sample Type and Number: 00-830-5124 <input checked="" type="radio"/> Physical <input type="radio"/> Documentary	
4a. Product Name XXXXXXXXXX	4b Model DES.410565	4c NEISS 1604	5. Assignment Number 000301CCC2337
6. Complete for Import Samples Port of Entry: _____ Country of Origin: _____ Entry No. and Date: _____ Customs Contact: _____		7. MIS 31133	8. Hours Activity _____ Travel _____
		9a Home RO FOCR	9b Collecting RO FOCR
10. Sample Cost \$0.00	11. Invoice Value of Lot		12. Size of Lot 1
		Units unt	
13. Manufacturer/Importer #	14. Shipper/Foreign Manufacturer AMOCO DODGE CENTER, MN		15. Dealer/Import Broker # RANDY HAACK ROUTE 2, BOX 269P WINONA, MN 55987
16. Supporting documents attached: Invoice No. and Date: _____ Date Shipped: _____ Shipping Record and Date: _____ Affidavit Signer's name, title and date: _____			
17. Product Identification: Sample consists of one (1) XXXXXXXXXX butane gas cigarette lighter which is red and black in color with a clear base. The plastic lighter has a black cover attached to the device with a silver chain. The			
18. Reason for collection/analysis needed: <input type="radio"/> FHSA <input checked="" type="radio"/> CPSC <input type="radio"/> FFA <input type="radio"/> PPPA <input type="radio"/> RSA			
19. Summary of Field Screening: IDI #000301CCC2337 where consumer used rubbing alcohol to remove glue residue left on the lighter from a price tag. Lighter immediately began to crack and leak its contents.			
20. Sample size/Method of Collection: Sample was collected from the consumer as listed under #15 above. The consumer shipped the sample in a cardboard box to this investigator via U.S. Postal Service. The sample was received in Apple Valley, MN			
21. Identification on sample: 00-830-5124 SWP 4/3/00		22. Identification on seal and date: 00-830-5124 Scott W. Putz 4/6/00	
23a. Sample delivered to: SAMPLE CUST VIA FEDEX		23b Date 4/6/00	24. Report/Record Sent to: FOCR
25. Laboratory/Office: LSE _____ CCH _____ FPE <input checked="" type="checkbox"/> FTR _____ SIU _____ LSC _____ CHP _____ ELC _____ CLD _____ WHSE _____ Other MICHAEL BOGUMIL			
26. Remarks: Sample was received from the consumer via the U.S. Postal Service. A Receipt for Sample was not prepared.			
27. Related Samples:			
28a Collector's name/title: Scott W. Putz Resident Investigator		28b Collector's signature/date:  4/6/00	
29a Reviewer's name/title:		29b Reviewer's signature/date:	

IDI 000301CCC2337

SUMMARY:

This investigation was initiated from a consumer complaint received via the Internet. On December 19, 1999, a forty-four year old Winona, MN male purchased a Techno butane cigarette lighter from a gas station in Dodge Center, MN. The consumer used rubbing alcohol to remove the glue left on the lighter from the price sticker. Shortly thereafter the plastic lighter began to crack and leak butane. The consumer discontinued use of the lighter. The consumer was not injured.

PRE-INCIDENT:

On December 19, 1999, a forty-four year old Winona, MN male purchased a Techno refillable butane cigarette lighter from an Amoco gas station in Dodge Center, MN.

INCIDENT:

The individual returned home and removed a small sticker on the side of the lighter that contained the price. After removing the sticker, some of the glue remained on the lighter. The consumer used isopropyl alcohol to remove the glue. The rubbing alcohol was comprised of 30% alcohol and 70% water.

Immediately thereafter, the plastic lighter case began to exhibit fine cracks on the sides of the lighter near the bottom, similar to a glass window when it is broken.

POST-INCIDENT:

The consumer believed that the lighter might rupture so he threw it in a snow bank. The lighter was retrieved once all the butane had leaked out. The consumer discontinued use of the lighter. The consumer was not injured.

This investigator spoke with the consumer by telephone in regard to this incident. The consumer stated that while cleaning off the glue he did not submerge the case in the rubbing alcohol. According to the complainant, he did not smoke but thought it would be handy to have this type of lighter.

According to the consumer, he did not contact the store where the lighter was purchased or the manufacturer. The consumer did state that two to three weeks after the incident he stopped at the gas station where he bought the lighter. The station was no longer carrying the type of lighter that he purchased.

PRODUCT INFORMATION:

The product involved in this incident was a refillable butane cigarette lighter. The lighter had a red plastic case. The lighter had a piezoelectric operating mechanism. The lighter was a [REDACTED] model [REDACTED] with a manufacturer's date of March 1999. The model number was molded into the lighter's cover. A sticker on the lighter stated that the product was made in China. The consumer was unsure whether the lighter had a fixed or adjustable flame.

The lighter was purchased on December 19, 1999 at an [REDACTED] gas station in Dodge Center, MN. The lighter retailed for \$6.99.

STANDARDS ADHERENCE:

It is unknown whether this product adheres to any mandatory standards.

ATTACHMENTS:

None



MEMO

To: Robin M. Ross, Supv. Investigator
From: Scott W. Putz, Investigator
Date: April 6, 2000
Subject: IDI #000301CCC2337 Addendum, Winona, MN Lighter

On April 3, 2000 this investigator received the cigarette lighter involved in the above IDI from the consumer via the U.S. Postal Service. No payment was made to the consumer for the sample.

Sample #00-830-5124 was sent to the Sample Custodian on 4/6/00 via FedEx to be forwarded to Michael Bogumill, FPE.

Product Information

The butane gas cigarette lighter is made of plastic and is red and black in color. The lighter has a clear plastic bottom, red body and black top. The operating mechanism is also black. The cylindrical lighter is approximately 1" in diameter and 3" tall. [REDACTED] is printed on one side of the lighter's red body in white letters on a black background. The inscription is located just below the operating mechanism. [REDACTED] is also molded into one side of the black plastic cover that is attached to the lighter by a silver plastic chain. See Exhibit A-1 on the following page for an overview of the lighter.

Exhibit A-1



The other side of the cover contains the following inscription
molded into the black cover, ~~REDACTED~~".

The other side of the lighter contains the following information printed on a black sticker attached to the red body:

"WARNING KEEP AWAY FROM CHILDREN"

"CONTAINS FLAMMABLE GAS UNDER PRESSURE BE SURE FLAME IS OUT
AFTER USE DONT PUNCTURE OR PUT IN FIRE LGNITE LIGHTER AWAY
FROM FACE OR CLOTHING NEVER EXPOSE TO HEAT OVER 120 FOR TO
PROLONGED SUNLIGHT DO NOT KEEP LIT FOR MORE THAN 30 SECONDS
MADE IN CHINA"

"MAR, 1999"

The lighter does not appear to be equipped with any child resistant mechanism. A single lever that can be pushed down with the thumb appears to be the only action needed to operate the lighter.

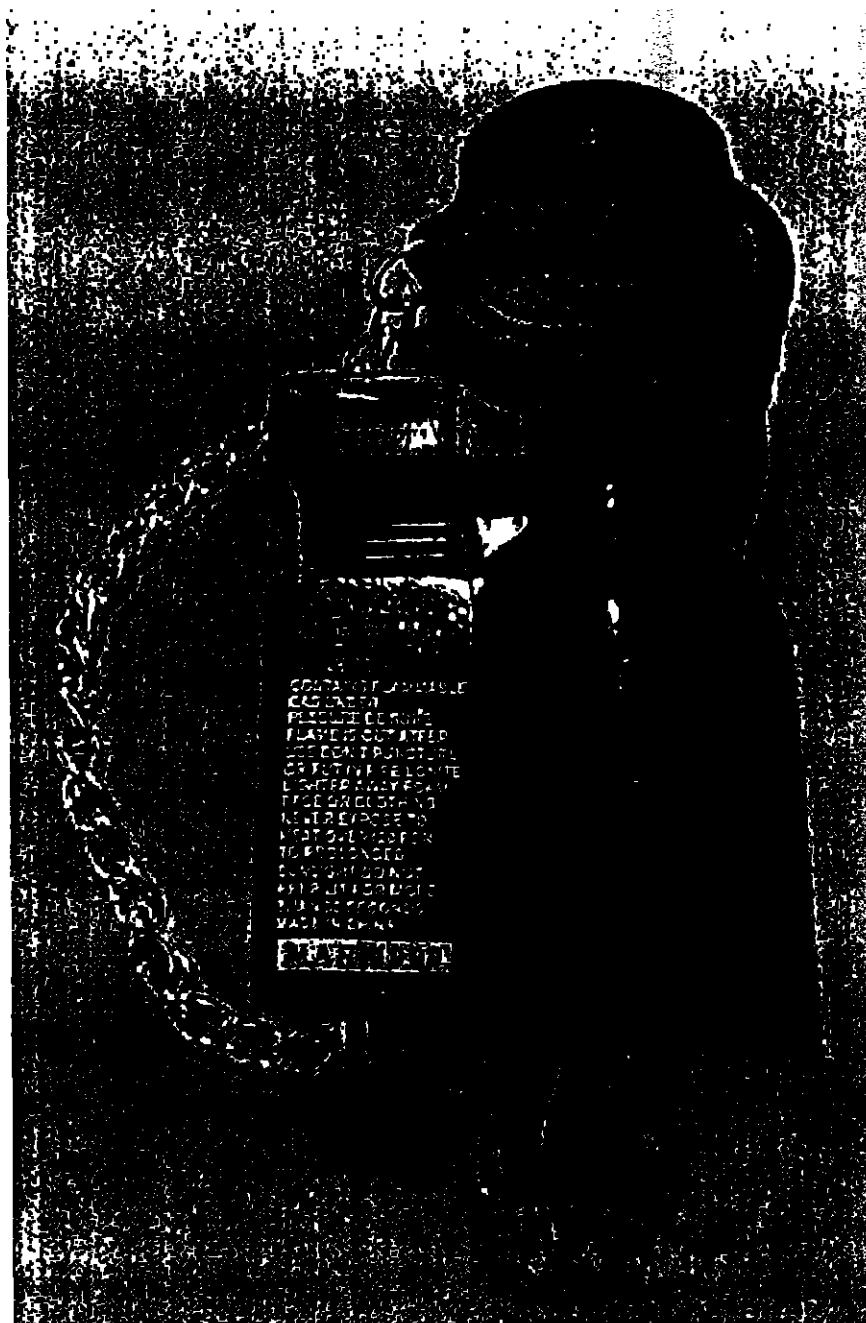
A red tab located on the side of the lighter that bears the ~~inscribed~~ inscription appears to be a mechanism for adjusting the flame height. Two gold triangles facing in opposite directions are shown on a black background within the small red tab.

A clear sticker located on the bottom of the lighter's clear base contains the following words printed in white letters, "MADE IN CHINA".

The number 20 is printed on a clear sticker that is located inside the cover of the lighter.

See Exhibit A-2 on the following page for a photograph of the

side of the lighter that bears written product information.
Exhibit A-2



An examination of the base of the lighter shows numerous fine cracks in the clear base as well as in the red colored body where

it meets the clear portion of the lighter.

See Exhibit A-3 below for a photograph of the cracks in the base of the lighter.



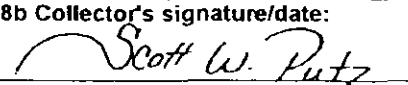
See Exhibit A-4 below for a photograph of the top of the lighter.



Exh. b + B

000301CCC 2337

EJP

U.S. Consumer Product Safety Commission SAMPLE COLLECTION REPORT			
1. Sample Flag	2. Date Collected 4/3/00	3. Sample Type and Number: 00-830-5124 <input checked="" type="radio"/> Physical <input type="radio"/> Documentary	
4a. Product Name XXXXXXXXXX	4b Model DES.410565	4c NEISS 1604	5. Assignment Number 000301CCC2337
6. Complete for Import Samples Port of Entry: _____ Country of Origin: _____ Entry No. and Date: _____ Customs Contact: _____		7. MIS 31133	8. Hours Activity _____ Travel _____
		9a Home RO FOCR	9b Collecting RO FOCR
10. Sample Cost \$0.00	11. Invoice Value of Lot		12. Size of Lot 1
		Units unt	
13. Manufacturer/Importer #	14. Shipper/Foreign Manufacturer AMOCO DODGE CENTER, MN		15. Dealer/Import Broker # RANDY HAACK ROUTE 2, BOX 269P WINONA, MN 55987
16. Supporting documents attached: Invoice No. and Date: _____ Date Shipped: _____ Shipping Record and Date: _____ Affidavit Signer's name, title and date: _____			
17. Product Identification: Sample consists of one (1) XXXXXXXXXX butane gas cigarette lighter which is red and black in color with a clear base. The plastic lighter has a black cover attached to the device with a silver chain. The			
18. Reason for collection/analysis needed: <input type="radio"/> FHSA <input checked="" type="radio"/> CPSC <input type="radio"/> FFA <input type="radio"/> PPPA <input type="radio"/> RSA			
19. Summary of Field Screening: IDI #000301CCC2337 where consumer used rubbing alcohol to remove glue residue left on the lighter from a price tag. Lighter immediately began to crack and leak its contents.			
20. Sample size/Method of Collection: Sample was collected from the consumer as listed under #15 above. The consumer shipped the sample in a cardboard box to this investigator via U.S. Postal Service. The sample was received in Apple Valley, MN			
21. Identification on sample: 00-830-5124 SWP 4/3/00		22. Identification on seal and date: 00-830-5124 Scott W. Putz 4/6/00	
23a. Sample delivered to: SAMPLE CUST VIA FEDEX		23b Date 4/6/00	24. Report/Record Sent to: FOCR
25. Laboratory/Office: LSE _____ CCH _____ FPE <input checked="" type="checkbox"/> FTR _____ SIU _____ LSC _____ CHP _____ ELC _____ CLD _____ WHSE _____ Other MICHAEL BOGUMIL			
26. Remarks: Sample was received from the consumer via the U.S. Postal Service. A Receipt for Sample was not prepared.			
27. Related Samples:			
28a Collector's name/title: Scott W. Putz Resident Investigator		28b Collector's signature/date:  4/6/00	
29a Reviewer's name/title:		29b Reviewer's signature/date:	

PRODUCT IDENTIFICATION

following wording is contained on the lighter, [REDACTED] *** [REDACTED]
*** MAR, 1999 *** WARNING KEEP AWAY FROM CHILDREN *** MADE IN CHINA
*** CONTAINS FLAMMABLE GAS UNDER PRESSURE". GAS is spelled "GAS".

METHOD OF COLLECTION

on 4/3/00. Sample was identified by label as indicated under #21 below upon collection. Sample was maintained in my control and in my locked home from the date of collection on 4/3/00 until it was prepared for shipment by being placed in a cardboard box which was sealed as indicated under #22 below. Sample was then sent via Federal Express from Apple Valley, MN on 4/6/00 to be forwarded to Michael Bogumill.

REMARKS

Attachments: IDI report and Addendum.

